PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application o	r Docket Number
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MURS SCALB/BS

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS		.27				1	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			⊋√ min	us 20=	* 7	. 7.		X\$ 9=		OR	X\$18=	126
INDEPENDENT CLAIMS								X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT							+140=		OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2					column 2		TOTAL		OR	TOTAL	276	
CLAIMS AS AMENDED - PART II										10,,	OTHER	
	(Column 1) (Column 2) (Column 3							SMALL	ENTITY	OR		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X42=		OR	X84=	
	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDENT	CLAIM			+140=			+280=	
								TOTAL		OR	TOTAL	
							,	ADDIT. FEE		OR	ADDIT. FEE	L
Γ-		(Column 1) CLAIMS	Mary Factor During	(Colur		(Column 3)	1 1		ADDI	l 1		ADDI
ENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AMENDMENT	Independent	*	Minus	***		=		X42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							J	+140=		OR	+280=	
							ı	TOTAL		I∩B	TOTAL	
(Column 1) (Column 2) (Column 3)								ADDIT. FEE			ADDIT, FEE	
	forw	CLAIMS		HIGH	IEST		7 r		ADDI			ADDI
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=]	X42=			X84=	
\bigve{\Pi}	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	CLAIM]	742-		OR	X04=	
	If the actual and			0 "	- 40" :	diama a		+140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE												
		mber Previously P aber Previously Pa					er foi	ind in the and	rooriate ho	k in co	lumn 1	